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Abstract

In many healthcare settings, interprofessional collaborative practice is expected of healthcare professionals to facilitate optimal patient outcomes. To prepare healthcare professionals to provide this collaborative practice, institutions of higher education are infusing interprofessional education activities into their healthcare curricula. While interprofessional education activities have been demonstrated to be beneficial for students, the creation and implementation of these types of activities by higher education faculty can be challenging. Factors such as logistics, curricular differences, and already busy course schedules can sway faculty from developing interprofessional experiences for their students. The purpose of this paper is to describe the development and implementation of an interprofessional education activity involving physical and occupational therapist students that was added to an existing physical therapist student experiential learning activity. Activity outcomes and recommendations will be shared in anticipation that other healthcare faculty will be inspired to initiate communication and collaboration to create their own unique IPE experiences.

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ABSTRACT

In many healthcare settings, interprofessional collaborative practice is expected of healthcare professionals to facilitate optimal patient outcomes. To prepare healthcare professionals to provide this collaborative practice, institutions of higher education are infusing interprofessional education activities into their healthcare curricula. While interprofessional education activities have been demonstrated to be beneficial for students, the creation and implementation of these types of activities by higher education faculty can be challenging. Factors such as logistics, curricular differences, and already busy course schedules can sway faculty from developing interprofessional experiences for their students. The purpose of this paper is to describe the development and implementation of an interprofessional education activity involving physical and occupational therapist students that was added to an existing physical therapist student experiential learning activity. Activity outcomes and recommendations will be shared in anticipation that other healthcare faculty will be inspired to initiate communication and collaboration to create their own unique IPE experiences.

Keywords: interprofessional education, experiential learning, physical therapy, occupational therapy

INTRODUCTION

Interprofessional collaborative practice (IPC) in health care occurs when individuals from different health professions work together, as a team, to coordinate care for shared patients.¹ In many healthcare settings, IPC is expected of health professionals to facilitate optimal patient outcomes.² Interprofessional collaboration occurs during team meetings and may include co-examination and co-treatment which is when healthcare team members simultaneously work together with an individual patient. The team meeting includes all healthcare professionals and sometimes the patient and caregiver. The team members discuss examination results, consult with each other regarding discipline-specific expertise, and utilize the process to plan intervention and eventual discharge from services. While the literature surrounding the effects of IPC on specific patient outcomes is limited, there are indications that IPC can have positive effects such as increased functional abilities, improved life satisfaction, improved quality of life, decreased length of hospital stays, and decreased mortality rates.^{3,4} To prepare future health professionals to provide this type of collaborative practice, institutions of higher education are infusing interprofessional education activities into their healthcare curricula.

Interprofessional education (IPE) occurs when students from two or more health-related professions learn to work together, as a team, during the didactic portion of their curricula.¹ Course faculty engage students in structured IPE experiences that enhance students' abilities to transition to IPC after graduation. These IPE activities vary from more logistically simple classroom assignments to more time-consuming student-run free medical clinics.⁵⁻⁷ While the IPE activities vary, the Interprofessional Education Collaborative (IPEC) has established four competencies for IPE that serve to guide faculty in establishing educational objectives and project design:

- Competency 1: Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)
- Competency 2: Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)
- Competency 3: Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)
- Competency 4: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork)⁸

While much IPE research can be found regarding medical, nursing, and pharmacy professions, research to support IPE utilization in allied health programs seems to only be emerging. A recent systematic review indicates there is a lack of documented IPE research in allied health programs. This lack of research could be because of the logistically challenging nature of creating IPE activities in the first place. It can be difficult to coordinate additional activities and assignments into already content-heavy programs. This may be why most IPE activities in allied health programs tend to be simpler and less time consuming such as case studies, lectures, and simulations.⁹ While these simpler activities may indeed prepare students for IPC, these students are future clinicians who will most likely be working with their patients and other professionals in more dynamic, hands-on environments, thus benefiting from more hands-on IPE activities.

To further illustrate the importance of IPE in allied health profession programs, accrediting bodies such as the Accreditation Council for Occupational Therapy Education, the Commission on Accreditation in Physical Therapy Education, and the Council on Academic Accreditation in Audiology and Speech-Language Pathology have included interprofessional standards into the accreditation process to ensure that graduates are adequately prepared to enter into collaborative practice.¹⁰⁻¹² While therapists from all three of these disciplines often work together, physical therapists (PTs) and occupational therapists (OTs) commonly work together to address functional activities. Both are healthcare professionals who examine, evaluate, and treat individuals across the lifespan to prevent, remediate, and promote recovery from illness, injury, or other health-related conditions. PTs address problems that limit an individual's ability to move and perform functional activities (e.g. getting in and out of bed, walking, or playing a sport) in their daily lives.¹³ OTs address the individual patient's life role through the therapeutic use of everyday activities (occupations).¹⁴ This similar goal of helping individuals of all ages participate successfully in daily activities is why PTs and OTs are often found working in the same clinical settings.

The practice of physical and occupational therapy requires graduation from an accredited program and passage of a licensure examination. Occupational therapy (OT) accreditation standards mandate a minimum level of education at the master's degree

level while physical therapy (PT) accreditation standards mandate doctoral level preparation.^{10,11} Both accrediting bodies require a combination of didactic and clinical education. The OT didactic content begins in the undergraduate program with a transition to the master's level prior to licensure examination. The PT didactic content begins in the graduate program. Because the educational curricula for PT and OT disciplines differ significantly, bringing students together for IPE in the academic setting can be very challenging. Physical and occupational therapy students may not have the opportunity to participate in a team meeting, co-examination, or co-treatment until they are in clinical education or clinical practice. However, if student clinicians can gain hands-on experience with collaboration before they complete their clinical education, they may be more successful with IPC. This belief framed the author's approach to the development of the IPE activity described in this paper.

METHOD

Project Development

The Doctor of Physical Therapy (DPT) program at a private university utilizes adult volunteers from the community, called community volunteers (CV), who have chronic neurological conditions to assist in an experiential learning activity. The established DPT course activity occurs during the second year of the DPT program as part of a systems-based course on examination, evaluation, and intervention for adults with neurological conditions. The purpose of the activity within the DPT curriculum is to provide students with hands-on experience in the examination, evaluation, treatment planning, and implementation for the covered population. DPT students work in groups of five to seven students with one CV and one DPT faculty mentor per group. This established, multi-session activity had been implemented in the DPT program for three years prior to the implementation of the IPE. During those three years, PT and OT faculty desired to collaborate, but were never able to balance all of the logistics for development and implementation of an IPE activity.

Newer faculty and OT curricular changes opened the door for collaboration. When the PT professor (author 2) responsible for the CV learning experience reached out to a new OT professor (author 1) to determine the feasibility of infusing an IPE element into the existing DPT CV experience, the OT professor accepted the challenge. After discussion, it was determined that fourth-year undergraduate OT students were the most appropriate OT cohort to participate in the activity. Although the OT students had less clinical experience, both PT and OT cohorts had similar didactic experience relative to examination, evaluation, and intervention for patients. The OT students participated in the IPE activity as part of their OT Intervention: Physical Disabilities II course where the focus was on adults with non-neurological physical disabilities. That course was chosen because the schedule accommodated the existing activity the best and OT course goals could be addressed through the IPE project. These variables were weighed and considered in project development.

Initial faculty collaboration focused on developing an extensive IPE activity that would allow OT and PT students to meet on at least four occasions to address the development of skills in all four areas of IPE competencies. These activities included a session to learn each other's roles and responsibilities (Competency 1 and 2), a session to co-evaluate the CV (Competency 3 and 4), a session to co-treat the CV (Competency 3 and 4), and a final wrap-up session to reflect on the entire experience (Competency 3). Unfortunately, the initial plan did not fit into the OT students' semester schedule, so the activity had to be modified. After careful consideration of IPC roles and responsibilities, it was determined that the initial IPE activity goals would still be met if the activity could address the areas of roles and responsibilities and interprofessional communication. To address the revised goals, the team meeting became the focus of the modified activity. To actively participate in the team meeting, the OT students needed data from the OT evaluation to share with the PT students. Therefore, two team meetings and an OT evaluation were integrated into the existing structure of the DPT Program course CV activity (Table 1).

Table 1. Overview of Activity

Session	Week of semester	Activity	IPE participants
1	3	SPT meet CV and initiate examination	SPT CV
2	5	Activity 1: SPT complete initial evaluation Activity 2: Initial IPE activity: RIPLS, introductions and PT summary of evaluation	SPT CV OTS
3	6	OTS meet CV and complete initial evaluation	OTS CV

4	9	Activity 1: SPT initiate intervention with CV Activity 2: Second IPE activity: OT summary of evaluation; recommendations for intervention; complete brief survey	SPT CV OTS
5	10	SPT continue with intervention for CV	SPT CV
6	13	SPT final session with CV	SPT CV

Abbreviation: SPT = Student Physical Therapist; CV = Community Volunteer; OTS = Occupational Therapist Student

Project Purpose

The educational goals for the IPE project aligned with two of the four Core Competencies from the IPEC (Competency 2 and Competency 3).⁸ The project educational goals were to

1. Bring OT and PT students together to develop mutual respect for each other's profession and recognize shared values.
2. Facilitate the mutual appreciation of the role of the PT and OT in assessing and addressing the health care needs of adults with chronic neurological conditions.
3. Create a face-to-face platform for PT and OT students to communicate effectively with each other during team meetings in order to meet the needs of the CV.
4. Facilitate a real-life situation of interprofessional collaboration to plan an examination (OT students) and modify an intervention (PT students) for the CV.

Project Implementation

Readiness for Interprofessional Learning Scale

Students completed the Readiness for Interprofessional Learning Scale (RIPLS) in their respective course before meeting for their first IPE session. The RIPLS is a self-assessment 5-point likert scale tool that assesses student's readiness to learn from other health care professionals. Four subscales have been described. Subscale one, Teamwork and Collaboration, consists of items 1-9 (Cronbach Alpha > 0.88).¹⁵ Students rate their perceptions of the importance of teamwork and collaboration. An example item is "Learning with other students will help me become a more effective member of a health care team." Subscale two, Negative Professional Identity, consists of items 10, 11, and 12 (Cronbach Alpha > .76).¹⁵ These items are reverse scored. Students rate any negative attitudes regarding IPE. An example item is "Clinical problem-solving skills can only be learned with students from my own department." Subscale three, Positive Professional Identity, consists of items 13 through 16 (Cronbach Alpha > 0.81).¹⁵ Students rate any positive attitudes toward IPE. An example item was "Shared learning will help to clarify the nature of patient problems." Subscale four, Roles and Responsibilities, consists of items 17, 18, and 19 (Cronbach Alpha > 0.43).¹⁵ Students rate their perceptions of professional roles and responsibilities. An example item was "I'm not sure what my professional role will be." Some authors advocate for reverse coding of subscale four items as a higher score seems to indicate a more negative attitude toward interprofessional learning.¹⁶

If it was determined that students were not ready to learn in an interprofessional setting, course faculty could have adjusted the IPE project. Adjustments would have focused on preparing students for IPE in their discipline-specific cohorts. Preparation may have included education to students regarding the history and importance of IPE, clarification of IPE's link to IPC, and exploration of student concerns regarding their readiness for interprofessional learning.

Initial Team Meeting

The initial team meeting served two purposes. First, it served as an introduction to interprofessional education and collaboration. Students discussed each discipline's curricula, education and personal experiences related to roles and responsibilities in patient management. Second, it served as the initial team meeting. The PT students had previously completed their examination and evaluation of the CV so they were able to provide a summary of PT findings to the OT students. The OT students had the opportunity to ask questions of the PT students regarding the CV's status in preparation for the upcoming OT evaluation which would be completed in OT peer groups during a subsequent CV visit.

Occupational Therapist Student Examination/Evaluation Sessions

Following the initial team meeting, the OT students were scheduled to meet once with the assigned CV to complete the OT evaluation. OT students obtained an occupational profile, evaluated the CV's occupational performance, and developed a plan of care to share with the PT students at the next IPE meeting.

Second and Final Team Meeting

The second and final team meeting occurred after the OT students completed their evaluation of the CV. The purpose of this second meeting was for the OT students to report findings, make suggestions for activities the PT students could incorporate into PT intervention, and for each discipline to ask questions of the other.

At the conclusion of the IPE portion of the project, all students completed a post-activity assessment by responding in writing to two open-ended questions. The Post-Activity Survey was intended to inform faculty regarding student perspectives regarding their participation in the activity and improvements needed for continued IPE project implementation. The survey consisted of two questions:

1. What did you like best about this activity bringing PT and OT students together?
2. What suggestions do you have for improving this experience next year?

Following the final team meeting, the PT students continued with two additional CV intervention sessions. Additionally, PT and OT students completed discipline-specific assignments that contributed to discipline-specific course related outcomes.

OUTCOMES

Participants, Group Size and Structure

Forty-two fourth-year undergraduate occupational therapist students enrolled in a bachelor's to one-year master's degree program and 49 second-year graduate student physical therapists enrolled in a three-year degree program from the same university participated in the newly developed IPE activity as part of their didactic education.

Student demographics are presented in Table 2. One OT faculty and three PT faculty were available during the team meetings but were not active participants in the group process. Thirteen community volunteers participated in the CV sessions. The 91 students were divided into 13 groups, one group per CV. Each consisted of three to four PT students and two to four OT students. The IPE groups were scheduled to meet for 60-minute sessions.

Table 2. Student Demographics

Discipline	Male N (%)	Female N (%)	Undergraduate N (%)	Baccalaureate N (%)
OT	5 (12)	37 (88)	34 (81)	8 (19)
PT	22 (45)	27 (55)	0 (0)	49 (100)
Total	27 (30)	64 (70)	34 (37)	57 (63)

The OT student groups were supervised by the OT faculty member and one OT graduate assistant. The 13 groups were each scheduled to meet for a one-hour session over two days. However, three CVs missed their OT sessions because of illness or error. The OT students in these CV groups were immediately assigned to participate in an OT evaluation for a different CV they did not prepare for, as it was logistically impossible to reschedule the entire OT student group, CV, and supervising faculty. The three CV cancellations created the potential for three PT CV groups to miss the opportunity to receive input from OT students at the final team meeting. To remedy this, three OT students volunteered to individually complete a brief OT evaluation at the beginning of the next scheduled PT CV session. For these three re-scheduled sessions, the PT students were able to observe the OT evaluation. This created a different experience for three PT/OT groups. Because of the CV cancellations, the second and final IPE session consisted of the revised group structure with the original three to four PT students and all OT students who participated in the OT evaluation for the specific CV.

Readiness for Interprofessional Learning Scale

Forty-two OT students and 49 PT students completed the RIPLS prior to the initial IPE meeting. Responses from eight students were discarded because of missing information. Means and standard deviations for the RIPLS are presented in Table 3. A higher score on subscales 1-3 indicates a higher readiness toward interprofessional learning while a lower score on subscale 4, also seems to indicate a higher readiness toward interprofessional learning.¹⁶ This data suggests that our students were ready to learn from each other. Therefore, no additional preparatory activities were needed prior to the initial team meeting.

Table 3: Readiness for Interprofessional Learning Scale

	Subscale 1: Teamwork and Collaboration Mean (SD)	Subscale 2: Negative Professional Identity Mean (SD)	Subscale 3: Positive Professional Identify Mean (SD)	Subscale 4: Roles and Responsibility Mean (SD)*
OT Students N = 40	4.82 (.08)	4.48 (.2)	4.68 (.07)	2.12 (.43)
PT Students N = 43	4.76 (.06)	4.48 (.16)	4.65 (.05)	2.10 (.67)

*Note: for the Roles and Responsibilities subgroup a lower score indicates a better understanding of role and responsibility

Post Activity Assessment: Student Feedback

The OT and PT faculty authors individually reviewed the OT and PT student responses to the short answer questions and looked for trends in responses within each OT and PT cohort and then collectively. Following individual review, the authors met to discuss findings and agreed upon emerging trends in responses. Similar responses were found from OT and PT students (Table 4). Student comments strongly suggest a positive learning experience with helpful suggestions for modifications.

Table 4: Sample Student Comments to Post-Activity Survey

Question N (%)	Sample Student Comments Organized by Faculty Assessed Trends
<p>Question 1 "What did you like best about this activity bringing PT and OT students together?"</p> <p>87 (94.5%)</p> <p>Responses trended into categories of roles and professions, benefits of collaboration, and communication with the IPE team.</p>	<p>Improved understanding of each other's roles and responsibilities:</p> <ul style="list-style-type: none"> • OT student: "People think we do such similar things but it was interesting finding out exactly how different we are in what we do" • OT student: learning "...how our practice frameworks blended together to work on different aspects of patient interventions" • OT student: Get "an inside look" at how PTs and OTs "think differently and the same about certain aspects of client care" • PT student: See the differences between what we prioritized vs. what OT prioritize for function • PT student: "Interesting to hear how OTs approach an examination and what they focused on during it" • PT student: I enjoyed getting treatment ideas from them (OT students) because they evaluate differently and they provided the (PT) group knowledge about the patient that we didn't think to assess initially

	<p>Realizing the benefit of collaboration and communication with the IPE team:</p> <ul style="list-style-type: none"> • OT student: "...learn more than if just working with OT students" • OT student: "really beneficial to see how we view one client differently and how it works together to give the client independence" • OT student: we discussed different things we noticed and evaluated • OT student: student PTs were receptive and welcoming to student OT ideas and viewpoints • PT student: Getting treatment ideas from OT because they evaluate differently • PT student: the OT students "provided the group knowledge about the patient that we didn't think to assess initially" • PT student: we were able to communicate and practice working as a team to optimize patient care
<p>Question 2 "What suggestions do you have for improving this experience next year?"</p> <p>81 (88%)</p> <p>Responses trended into categories of increasing OT involvement, meeting more and criticisms.</p>	<p>Increase OT involvement and meeting more:</p> <ul style="list-style-type: none"> • OT student: "Allow the OT student and PT student to observe one another when working with a client" • OT student: "I would have liked to do a co-evaluation" • PT student: "Maybe a joint evaluation or treatment session?" • PT student: "Extend the amount of time the OTs are involved, and possibly incorporate a day where both PTs and OTs treat the patient" • PT student: "Have us see the community volunteer at the same time" <p>Sample statements of criticisms are:</p> <ul style="list-style-type: none"> • OT student: find a way to manage no-shows (CVs) • OT student: I'm not ready for PT students to observe me • PT student: decrease time spent in team meetings • PT student: Work with a more experienced OT group • PT student: they told us stuff we already knew; watching an OT evaluation would be more helpful

Note: paraphrased unless otherwise indicated

DISCUSSION

Project Goal Attainment

When analyzing the student responses to the two open-ended survey questions, it is apparent that students had a valuable, meaningful experience. Student scores on the RIPLS indicate that this group of students was ready for interprofessional learning. This readiness likely contributed positively to the attainment of all four educational goals set by faculty.

The first educational goal of the IPE project was to "bring OT and PT students together to develop mutual respect and recognize shared values." Students were observed to be enthusiastic and excited when working together in team meetings. While students did not outwardly state respect, faculty observations and responses to question 1 (Table 4) support enjoying learning with and from each other. Responses to question 1 also indicated they realized they had common values at the core of their discipline-specific philosophies.

The second goal was to assist students to "appreciate the role of the PT and OT in assessing and addressing the health care needs of adults with chronic neurological conditions." The first meeting between OT and PT students allowed them to learn more about each other's academic preparation, personal and clinical experience. During the second meeting, following the experiential learning activity, the students were able to expand their level of understanding of each other's roles in the examination, evaluation, and treatment of individuals with neurological conditions. Being able to discuss each other's real-life community volunteer experiences added an additional layer to the role understanding. Student responses from both cohorts indicated consistent recognition of role and responsibilities in working with the CV (Table 4).

The third goal of the IPE project was to assist students to “Communicate effectively with PT and OT students during team meetings to meet the needs of the community volunteer.” Faculty observed that the level of communication varied among student groups during both sessions. However, student responses regarding communication were positive and clearly demonstrated positive interprofessional communication (Table 4). This communication was not just casual conversation about roles, but about shared goals to meet CV needs.

Finally, the fourth goal was to reach the point where students from both disciplines could “collaborate to plan an examination (OT students) and modify an intervention (PT students) for the community volunteer.” Students were successful at meeting this goal on a surface level but they craved more interaction and collaboration. They requested joint evaluation and treatment sessions and wanted to extend the amount of time the OTs are involved and incorporate co-treatments.

Project Barriers/Solutions

While all four educational goals were met, logistics proved to be a large barrier to developing and delivering the IPE experience. Scheduling posed the largest barrier, as the activities had to be incorporated into already existing course schedules of two different disciplines. Finding space to accommodate 91 students in 13 groups for the team meetings was also challenging. To address these barriers, faculty were assigned to monitor groups based upon geographical location.

When CVs missed appointments during the one-time OT evaluation, another logistical challenge was created. The three missed appointments occurred without warning so the OT students had to be quickly reassigned to different groups. Faculty subsequently realized that this left three PT groups without OT input, so as described, three OT students volunteered to individually evaluate the CVs in order to report back to the team. This created some chaos and different experiences for some students. These altered experiences were perceived as both negative and positive. Some students felt they did not get an optimal experience because of the inconvenience of the last minute change, while others enjoyed the challenge. The opportunity for some OT evaluations to occur within the PT session with the CV may have contributed to student suggestions to incorporate time together with the CV.

Maintaining attainment of original discipline-specific course outcomes was difficult yet not impossible. Each faculty member had to be creative in determining how student participation would meet course learning objectives. For example, the OT students participated as part of a course where the focus was on adults with non-neurological physical disabilities, but the CVs all had neurological diagnoses. Therefore, the OT faculty member determined that the focus for the OT students would be on the OT process itself. The diagnosis was only a secondary consideration. Making that decision was crucial to the project moving forward. The OT Clinical Reasoning course would have been a better match and would have allowed the OT students to focus on the clinical reasoning behind all of the decisions they made with and without the PT students, but the incorporation of the IPE activity into this course was not logistically possible.

Matching students' levels of learning was an additional project barrier. The faculty were concerned that the differing levels of academic preparation and degree standing might be a barrier. For example, would the OT students be adequately prepared to contribute to the team discussion pre- and post-OT evaluation? Would the PT students be respectful of the OT students' ability to contribute to the discussion, given different degree levels? While a few responses to question two confirmed that this anticipated challenge may have been true for a few, there was no trend supporting these concerns.

Recommendations for IPE Project Development

Faculty interested in utilizing the IPE process must make time to start the conversation, push through barriers during the development and planning process, and consider and reconsider options. Employing IPEC Core Competencies will help guide project development.¹⁴ Starting small with focused, prioritized learning objectives may help manage logistics and will provide a starting point for future work. Utilizing an existing project from one of the IPE partners may further facilitate the development process.

Recommendations for Future Project Implementation of this IPE Experiential Activity

Students from both disciplines wholeheartedly advocated for combined PT and OT examination and intervention sessions with the CVs. The students liked the teamwork aspect and wanted more of it. While this expansion has the promise of promoting even greater mastery of all four IPEC competencies, it also provides increased logistical challenges. For example, additional faculty members would be needed to assist with management and supervision of student groups, faculty training for consistency in supervision would be needed, and physical space demands would likely increase. A qualitative study of an IPE experiential learning activity should be considered as such would yield a deeper understanding of the students' experiences and the

contribution of the activity to student preparedness for clinical practice. Comparison of an IPE experiential learning activity to the use of a paper patient case void of the actual patient would additionally contribute to the field of knowledge regarding the best-practice implementation of IPE in healthcare curricula.

CONCLUSION

Interprofessional educational collaboration can be facilitated through carefully designed IPE activities that utilize IPEC Core Competencies as a guide. Student feedback following participation in an experiential IPE activity indicated valuable learning, attainment of project learning objectives, and recommendations for continuation at an even more complex level. Faculty interested in developing IPE activities should creatively think around barriers, start small, and use student feedback to guide future projects.

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